

RENTAL REQUEST FORM

1. RENTER INFORMATION

Name: _____ Submitted On: ____/____/____ at ____:____ am/pm
Last First M.I. Date Time

Address: _____
Street City State Zip

Phone: (____) _____ (____) _____ Email: _____
Home Work

Residential Status ☐ Town Resident ☐ Non-Resident

Organization Name (if applicable) _____

2. RENTAL INFORMATION

Event Name: _____

Description: _____

Date(s) and Time(s):

Day: _____ Date: ____/____/____ Start Time: ____:____ am/pm *(includes set-up)*

Expected Attendance: _____ End Time: ____:____ am/pm *(includes clean-up)*

Repeat: ☐ Yes ☐ No If yes, how often: *(Ex. Once a week or every Monday and Thursday)* _____

Area(s) Requested: *(Please check all that apply)*

Auditorium ☐ Entire Auditorium (seats 200)

Gym ☐ Entire Gym (seats 250)

Lg. Meeting Rooms ☐ Room R123(seats 40)

☐ Room L456 (seats 40)

☐ Multi-Purpose (seats 100-125)

Sm. Meeting Rooms ☐ Sr. Lounge (seats 15)

☐ Rm. L4; L5; L6

☐ R1; R2; R3

Community Center ☐ Entire Community Center*

*Exclusive use of these areas may only be accommodated in after hour rentals.

Function:

☐ Banquet/Party

☐ Birthday Party (see below)

☐ Class/Program

☐ Conference

☐ Meeting

☐ Community Mtg.

☐ Sports Use

ALTERNATE RENTAL DATE REQUEST

Alternate Request Choice: *(In case your initial request is not available, please indicate another request option)*

Day: _____ Date: ____/____/____ Start Time: ____:____ am/pm

End Time: ____:____ am/pm

 **Second choice is required for Children's Birthday Parties**

3. ROOM SETUP

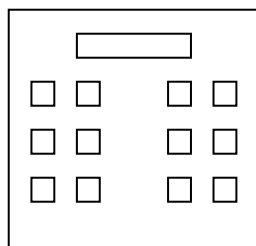
Please select one of the facility set up styles below or provide a diagram on a separate sheet of paper.

- ☐ **Assembly Style:** One table in front and chairs in two sections with an isle in the middle
- ☐ **Classroom Style:** One table in front and tables with chairs facing the front across the room
- ☐ **Banquet Style 1:** Square tables with chairs placed accordingly and tables along the side for food or other materials
- ☐ **Banquet Style 2:** Round tables with chairs placed accordingly and tables along the side for food or other materials
- ☐ **Circle Discussion Style:** Chairs in a circle facing the middle
- ☐ **Diagram Supplied:** Renter supplies diagram for layout of the tables and chairs
- ☐ **None (Clear Room):** No tables or chairs are setup

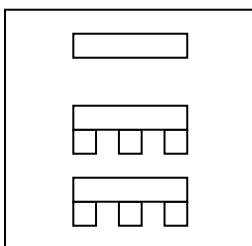
Number of Chairs _____ Number of Tables _____

LAYOUT EXAMPLES: These designs are for illustrative purposes only. Actual table and chair dimensions are not portrayed.

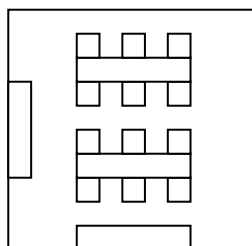
Assembly Style



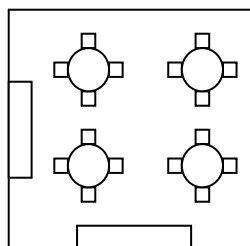
Classroom Style



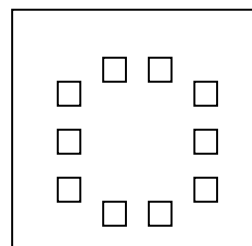
Banquet Style 1



Card Table Style



Circle Discussion



4. STATEMENT OF UNDERSTANDING

The undersigned certifies that he/she is familiar with the rules and regulations for the use of the center, and that such rules and regulations will be enforced by said user. The undersigned accepts for the user the full responsibility for any and all damages to the facility caused by said user and for the prompt and proper settlement of claims for such damage. I understand that this form is a request for rental, the rental deposit and the completion of this form does not guarantee my rental of the requested facility.

Signature

Date

OFFICE USE ONLY – DEPOSIT & APPROVAL INFORMATION

Amount of Deposit \$ _____ Received On _____ Received By _____

Form of Payment ☐ Cash ☐ Check # _____ ☐ Visa/MC # _____ Exp. _____

Teen Center Manager ☐ Reviewed & Approved ☐ Not Approved Initials: _____ Date: _____

Program Supervisor ☐ Reviewed & Approved ☐ Not Approved Initials: _____ Date: _____

Director ☐ Reviewed & Approved ☐ Not Approved Initials: _____ Date: _____

C.C. Manager ☐ Reviewed & Approved ☐ Not Approved Initials: _____ Date: _____

Rental Status: ☐ Tentative (Date: ____/____/____) ☐ Firm (Date: ____/____/____)

☐ Cancelled (Date: ____/____/____) ☐ Complete (Date: ____/____/____)

Notes: _____

